PTO/S8/06 (08-03)
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I WILLIAM STATEMENT OF TEXAMINATION TOOMS IN									or Docket Number		
Substitute for Form PTO-875 .										16936	23
	AIMS AS FILED - PART I (Catumn 1)			(Column 2)		SMALL E	YTITN	CR		R THAN ENTITY	
FOR		NUMBER FILED		NUMBI	NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))							.	OR		·	
TOTAL CLAIMS (37 CFR 1.16(cj)		minus 20 º				1	X 5 =		OR	X \$=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3 ·					x \$		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ 5=		OR	÷s=		
* If the difference in column 1 is less than zero, enter "0" in column 2.					2.		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
7-14-0	Column 1)					SMALL E	NTITY	OR	OTHER SMALL		
NT A	}	CLAIMS EMAINING AFTER IENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16 (37 CFR 1.16 (37 CFR 1.16	(c))	16	Minus	.23	°. —		x s		OR	x 6	
Independent (37 CFR 1,16	(ci)	2	Minus	- Q			x s		OR	x s=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))							+ 5 =	\	OR	+ \$ #	X
117100							TOTAL ADO'L FEE	\	OR	TOTAL ADD'L FEE	
/// 7 / Column 1) (Column 2) (Column 3)											
B TNI	R	CLAIMS EMAINING AFTER IENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL - FEE		RATE	ADOI- TIONAL FEE
AM Light Co. Care 1.16 Light		2	Minus	<i>"57</i>	° 0		x s=		OR	X \$=	
Independent (27 CFR 1,16)	(ci)	7	Minus	<i>"9</i>	0		X \$=		OR	X \$=	X
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$		OR	+5=	
z/a/la							ADO'L FEE		OR	ADD'L FEE	
724/0		olumn 1)		(Column 2)	(Column 3)		,				
NTC	RE	CLAIMS EMAINING AFTER ENOMENT		MIGHEST NUMBER PREVIOUSLY PAID FOR	RRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (IP CPR 1.18)		2 0	Minus	-57	0		x		OR	× ε	
AM Labor Con Lab	(14) (14)	7	Minus	 9	• \		x 1v		OR	x s =	
REST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))							+3		OR	+ 5	
TO AC									OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. These will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.